

2006 MONTHLY RATE CHART FOR ACTIVE EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:

HACM/RACM, WCD & MEDC EMPLOYEES

COMPUTATION METHOD OF "MANAGEMENT" CITY SHARE

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2006, this contribution ("City Share") will be no more than \$385.75 (Single) or \$1,053.55 (Family) toward the cost of Health Plan of your choice. Any excess premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the second paycheck of each month.

Chart I - Management Monthly Health Plan Rates For 2006

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
Aurora Family Network	\$ 385.75	\$ 385.75	No Cost	\$ 1,053.55	\$ 1,053.55	No Cost
CompcareBlue Broad Network	\$ 636.95	\$ 385.75	\$ 251.20	\$ 1,739.45	\$ 1,053.55	\$ 685.90
Basic Plan	\$ 669.10	\$ 385.75	\$ 283.35	\$ 1,476.92	\$ 1,053.55	\$ 423.37
Basic Plan Tier 1	\$ 473.05	\$ 385.75	\$ 87.30	\$ 1,215.95	\$ 1,053.55	\$ 162.40
Basic Plan Tier 2	\$ 528.90	\$ 385.75	\$ 143.15	\$ 1,401.05	\$ 1,053.55	\$ 347.50

COMPUTATION METHOD OF "OTHER THAN MANAGEMENT" HMO CITY SHARE

The CITY will pay, monthly, 100% of the lowest single or lowest family HMO premium cost to the City. For 2006, this contribution ("City Share") will be no more than \$389.30 (Single) or \$1,063.05 (Family) toward the cost of your HMO. Any excess HMO premium over these amounts ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

COMPUTATION METHOD OF "OTHER THAN MANAGEMENT" BASIC PLAN EMPLOYEE SHARE

An employee will pay \$75.00 (single) or \$150.00 (family) as his/her share of the Basic Plan cost. This amount ("Employee Share") will be deducted as a payroll deduction from the last paycheck of each month.

Chart II - Other than Management Monthly Health Plan Rates For 2006

HEALTH PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
CompcareBlue - Aurora Family Network	\$ 389.30	\$ 389.30	No Cost	\$ 1,063.05	\$ 1,063.05	No Cost
CompcareBlue - Broad Network	\$ 641.80	\$ 389.30	\$ 252.50	\$ 1,752.10	\$ 1,063.05	\$ 689.05
Basic Plan	\$ 669.10	\$ 594.10	\$ 75.00	\$ 1,476.92	\$ 1,326.92	\$ 150.00

Chart III - Monthly Dental Plan Rates For 2006 (All Employees)

DENTAL PLAN	SINGLE PREMIUM	CITY SHARE	SINGLE EMPLOYEE SHARE	FAMILY PREMIUM	CITY SHARE	FAMILY EMPLOYEE SHARE
WPS/Delta Dental	\$ 24.67	\$ 13.00	\$ 11.67	\$ 84.97	\$ 37.50	\$ 47.47
Care-Plus	\$ 28.65	\$ 13.00	\$ 15.65	\$ 83.44	\$ 37.50	\$ 45.94
DentalBlue	\$ 27.02	\$ 13.00	\$ 14.02	\$ 81.05	\$ 37.50	\$ 43.55
First Commonwealth	\$ 27.81	\$ 13.00	\$ 14.81	\$ 83.92	\$ 37.50	\$ 46.42

The Uniform Benefits for the Basic Plan, Basic Plan Tier 1 and Basic Plan Tier 2 plans and the HMOs are not the same. Be sure to review the information in the blue Open Enrollment Booklet.

All Basic Plan Premium Rates include an Administrative Fee.